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**CERTIFICATE OF FACSIMILE TRANSMISSION TO THE  
UNITED STATES PATENT AND TRADEMARK OFFICE**

DATE: December 29, 2003

Examiner: Stinson, Frankie L.

Art Unit: 1746

Fax: 703-872-9310

From: Thomas M. Fisher

: RE: U.S. Patent Application

: Serial No.: 09/411,496

: Applicant: Abi-Habib et al.

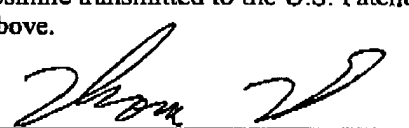
: Atty. Dkt. No9D-HL-19210

**DOCUMENTS SUBMITTED WITH TRANSMISSION:**

*Amendment Transmittal (3 pgs.)**Amendment in Response to Office Action dated August 27, 2003 (9 pgs.)**Fax Transmittal (1 pg.)**Total pages including cover page: 13**If all pages are not received, please contact: Linda Driscoll at Ext. 7229***RE: The above referenced U.S. Patent Application****Title: WASHING MACHINE BRAKE CAM ACTUATOR WITH INTERRUPTED RING****Filed: October 4, 1999**

**CERTIFICATE OF FACSIMILE TRANSMISSION**

I hereby certify that these papers are being facsimile transmitted to the U.S. Patent and Trademark Office,  
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Thomas M. Fisher, Reg. No.: 47,564

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9D-HL-19210  
PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Abi-Habib et al.

Serial No.: 09/411,496

Filed: October 4, 1999

For: **WASHING MACHINE  
BRAKE CAM ACTUATOR  
WITH INTERRUPTED  
RING**

Group Art Unit: 1746

Examiner: Stinson, Frankie L.

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

TRANSMITTAL

- Transmitted herewith is:  
Fax Transmittal (1 pg.)  
Amendment Transmittal (3 pgs)  
Amendment in Response to Office Action dated August 27, 2003 (9 pgs.)

STATUS

- Applicant  
☐ claims small entity status.  
☒ is other than a small entity.

VIA FACSIMILE  
703-872-9310

9D-HL-19210

TOTAL ADDITIONAL FEE \$	OR	TOTAL ADDITIONAL FEE \$
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- (a) ☒ No additional fee for Claims is required.

OR

- (b) ☐ Total additional fee for claims required \$

**FEE PAYMENT**

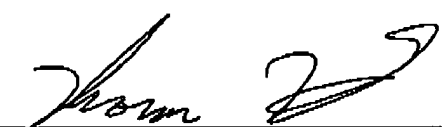
5. Attached is a check in the sum of \$\_\_\_\_\_
- ☒ Charge Deposit Account No. 01-2384 the sum of \$110.00.  
A duplicate of this transmittal is attached.

**FEE DEFICIENCY**

6. ☒ If any additional extension and/or fee is required, charge Deposit Account No. 01-2384.

**AND/OR**

- ☒ If any additional fee for claims is required, charge Deposit Account No. 01-2384.
7. ☐ Other:

  
\_\_\_\_\_  
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